## MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

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|---|----|---|-----|
|   | ٠, | U | ŧ.) |

| ·                                    | •  | CERTIFICATE OF DEATH              |  |  | ∠t                                      |                                    |  |
|--------------------------------------|--|-----------------------------------|--|--|---|------------------------------------|--|
| 1.                                   | PLACE OF DEATH   |                                   | F3   | to the   |   | ,,,,                               |  |
|                                      | County   | Registration District             | Vo   | ②/ 』Pile !   | No                                      |                                    |  |
|                                      | Township   | Primary Registration              | District No.   | ((3)(6))   | lered No.                               | 263                                |  |
|                                      | City OLD accommon (No  | 9102                              | ann  |  | St                                      |                                    |  |
| 2                                    | FULL NAME MUSSILE 7  | riess                             |  | 4+   | /10110114141414/                        |                                    |  |
|                                      | (a) Residence. No. 9 0 Town (Usual place of alfode)  | if the si,                        | 9 Ward.  | (If nonresiden   | t give city or town                     | and State)                         |  |
|                                      | ength of residence in city or town where death occurred  | yfs. 120s.                        | ds. How long   | in U.S., if of foreign his   |   | mos. ds.                           |  |
| PERSONAL AND STATISTICAL PARTICULARS |  |                                   | 3 MEDICAL CERTIFICATE OF DEATH                                 |  |   |                                    |  |
|                                      |  | RRIED, WIDOWED OR write the word) | 16. DATE OF DEATH  |  | <i></i>                                 | 1925                               |  |
| 5a.                                  | IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jane Frees                              | ı                                 | that I last saw b.A.T., a                                      | / / "  | 5 5 S                                   | 1923, and that                     |  |
| 6.                                   | DATE OF BIRTH (MONTH, DAY AND YEAR) Dec  | 12-85                             | death occurred, on the date                                    | stated above, at DEATH* WAS AS FOLL  | ,                                       | ./m.                               |  |
| 7.                                   | AGE YEARS MONTHS DAYS  | If LESS than 1 day,hrs. ormin.    | Jum  | 0  | Hypost                                  | atic)                              |  |
|                                      | OCCUPATION OF DECEASED   | <u>-</u>                          | c mysean   | distro   | Whom                                    | . 0 1                              |  |
| 0.                                   | (a) Trade, profession, or particular kind of work  | -A 97                             |  | (duratio   | D) 778.                                 | mor de                             |  |
|                                      | (b) General nature of industry,<br>business, or establishment in<br>which employed (or employer) | 17                                | CONTRIBUTORY(SECONDARY)  |  | *************************************** |                                    |  |
| (c) Name of employer                 |  |                                   | 2 %  | <b>&gt;</b>  | а)                                      | da.                                |  |
| 9.                                   | BIRTHPLACE (CITY OR TOWN)  | 90                                | 18. WHERE WAS DIRECTED   | CONTRACTO  |   |                                    |  |
|                                      | (STATE OR COUNTRY)   |                                   |  | ECEDE DEATHY   |   |                                    |  |
|                                      | 10. NAME OF FATHER andrew O  | urban                             | Was there an autop   |  | DAIE W                                  |                                    |  |
| ENTS                                 | 11. BIRTHPLACE OF FATHER (CITY OR TOWN)  | WHAT TEST CONFIRMED PLACHOSIST.   |  |  |   |                                    |  |
| PARE                                 | 12. MAIDEN NAME OF MOTHER Hill   | (Signed)                          | tem) 6460 &  | and its  | t are                                   |                                    |  |
|                                      | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  | 2                                 | *State the DIMMARS (I) MEANS AND NATUR HOMICIDAL. (See reverse | CAUSING DEATH, or in<br>H OF INJUST, and (2)<br>side for additional space. | whether Accreanya                       | T CAUSES, state<br>L, SUICIDAL, OF |  |
| 14.                                  | INFORMANT Ed Dustum  |                                   | 19. PLACE OF BURIAL  |  | •                                       | OF BURIAL                          |  |
|                                      | (Address) 608 Man 6  | ee.                               | Dedx XX  | narch  | a Jan                                   | ( ) ( 19 Z.                        |  |
| 15.                                  | Fine -8 196 Mar & Sto  | raloff                            | 20 UNDERTAKER  | 26.8-0   | ADDRI                                   | <del></del>                        |  |
|                                      |  | 7/1                               | meers !  | Afterson   | CUX 1501                                | KYCA                               |  |

## Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer. Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misearriage, as "PUERPERAL septicemia," "PUEBPERAL peritonitie," etc. . State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify AS ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phiebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.